their evasive tactics of scuttling their ships, sinking their ships, throwing their cargo overboard. That's why we need this legislation, to allow us to have a legal premise for prosecuting them for actually being on the high seas.

Secondly, and I don't think this is an idle threat that we ought to consider, one of the most serious concerns I have being a member of the Homeland Security Committee is the possibility of a nuclear weapon or dirty bomb somehow being discharged somewhere in the United States. We think the possibilities of that are rather low, but the fact of the matter is there are possibilities. And these kinds of delivery systems could be modified for that purpose.

So rather than our waiting until we have an even greater problem than we have now, we think this legislation deserves the support of the Members of this committee. There is companion legislation in the other body. We believe that they are very likely to affirmatively respond to this bill. And so if we could get it over there to the Senate as quickly as possible, it enhances the opportunity for this actually becoming law, helping the Coast Guard, helping this Nation, and preventing further tragedy in the future.

Mr. Speaker, I yield back the balance of my time.

□ 1645

Mr. COHEN. I want to thank Mr. LUNGREN for bringing this issue to the surface.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and pass the bill, H.R. 6295, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: ''A bill to enhance drug trafficking interdiction by creating a Federal felony relating to operating or embarking in a submersible or semi-submersible vessel without nationality and on an international voyage.''.

A motion to reconsider was laid on the table.

VETERANS' HEALTH CARE POLICY ENHANCEMENT ACT OF 2008

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6445) to amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from collecting certain copayments from veterans who are catastrophically disabled, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6445

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Veterans' Health Care Policy Enhancement Act of 2008''.

SEC. 2. PROHIBITION ON COLLECTION OF CERTAIN COPAYMENTS FROM VETERANS WHO ARE CATASTROPHICALLY DISABLED.

(a) PROHIBITION ON COLLECTION OF COPAYMENTS AND OTHER FEES FOR HOSPITAL OR NURSING HOME CARE.—Section 1710 of title 38, United States Code, is amended—

(1) by redesignating subsection (h) as subsection (i); and

(2) by inserting after subsection (g) the following new subsection (h):

''(h) Notwithstanding any other provision of this section, a veteran who is catastrophically disabled shall not be required to make any payment otherwise required under subsection (f) or (g) for the receipt of hospital care or nursing home care under this section.''.

(b) EFFECTIVE DATE.—Subsection (h) of section 1710 of title 38, United States Code, as added by subsection (a), shall apply with respect to hospital care or nursing home care provided after the date of the enactment of this Act.

SEC. 3. EXPANSION OF AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO PROVIDE COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING NONSERVICE-CONNECTED TREATMENT.

Section 1782(b) of title 38, United States Code, is amended by striking ''if—'' and all that follows and inserting a period.

SEC. 4. COMPREHENSIVE POLICY ON PAIN MANAGEMENT.

(a) COMPREHENSIVE POLICY REQUIRED.—Not later than October 1, 2008, the Secretary of Veterans Affairs shall develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the Department of Veterans Affairs.

(b) SCOPE OF POLICY.—The policy required by subsection (a) shall cover each of the following:

(1) The systemwide management of acute and chronic pain experienced by veterans.

(2) The standard of care for pain management to be used throughout the Department.

(3) The consistent application of pain assessments to be used throughout the Department.

(4) The assurance of prompt and appropriate pain care treatment and management by the Department, systemwide, when medically necessary.

(5) The Department's program of research related to acute and chronic pain suffered by veterans, including pain attributable to central and peripheral nervous system damage characteristic of injuries incurred in modern warfare.

(6) The Department's program of pain care education and training for health care personnel of the Department.

(7) The Department's program of patient education for veterans suffering from acute or chronic pain and their families.

(c) UPDATES.—The Secretary shall revise the policy developed under subsection (a) on a periodic basis in accordance with experience and evolving best practice guidelines.

(d) CONSULTATION.—The Secretary shall develop the policy developed under subsection (a), and revise such policy under subsection (c), in consultation with veterans service organizations and organizations with expertise in the assessment, diagnosis, treatment, and management of pain.

(e) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the completion and initial implementation of the policy under subsection (a) and on October 1 of every fiscal year thereafter through fiscal year 2018, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the implementation of the policy developed under subsection (a).

(2) CONTENTS.—The report required by paragraph (1) shall include the following:

(A) A description of the policy developed and implemented under subsection (a) and any revisions to such policy under subsection (c).

(B) A description of the performance measures used to determine the effectiveness of such policy in improving pain care for veterans systemwide.

(C) An assessment of the adequacy of the Department's pain management services based on a survey of patients managed in Department clinics.

(D) An assessment of the Department's research programs relevant to the treatment of the types of acute and chronic pain suffered by veterans.

(E) An assessment of the training provided to Department health care personnel with respect to the diagnosis, treatment, and management of acute and chronic pain.

(F) An assessment of the Department's pain care-related patient education programs.

(f) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term ''veterans service organization'' means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

SEC. 5. ESTABLISHMENT OF CONSOLIDATED PATIENT ACCOUNTING CENTERS.

(a) ESTABLISHMENT OF CENTERS.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1729A the following:

''§ 1729B. Consolidated patient accounting centers

''(a) IN GENERAL.—Not later than 5 years after the date of enactment of this section, the Secretary of Veterans Affairs shall establish not more than seven consolidated patient accounting centers for conducting industry-modeled regionalized billing and collection activities of the Department.

''(b) FUNCTIONS.—The centers shall carry out the following functions:

''(1) Reengineer and integrate all business processes of the revenue cycle of the Department.

''(2) Standardize and coordinate all activities of the Department related to the revenue cycle for all health care services furnished to veterans for nonservice-connected medical conditions.

''(3) Apply commercial industry standards for measures of access, timeliness, and performance metrics with respect to revenue enhancement of the Department.

''(4) Apply other requirements with respect to such revenue cycle improvement as the Secretary may specify.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1729A the following:

''1729B. Consolidated patient accounting centers.''.

SEC. 6. SIMPLIFYING AND UPDATING NATIONAL STANDARDS TO ENCOURAGE TESTING OF THE HUMAN IMMUNODEFICIENCY VIRUS.

Section 124 of the Veterans' Benefits and Services Act of 1988 (38 U.S.C. 7333 note; 102 Stat. 505) and the item relating to such section in the table of contents of such Act (102 Stat. 487) are repealed.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Kansas (Mr. MORAN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. I yield myself such time as I may consume.

We have a number of bills on the floor today, all of which will go to improving both the health and the benefits of our veterans, to whom we owe so

much. The bill on the floor now comes to us from Mr. CAZAYOUX of Louisiana, one of our newest Members, but who has already taken an active role on the Veterans' Committee. In addition, the bill includes elements of bills from Mr. DOYLE of Pennsylvania, Mr. WALZ from Minnesota, Mr. BUYER from Indiana, and Mr. HARE from Illinois, and addresses a number of policies in the VA which directly affect our Nation's veterans.

Within the care the VA gives, there is a small population of veterans who suffer from nonservice-connected but catastrophically disabling injuries. These veterans are stuck in an extreme paradox. They have injuries so severe that it prevents them from maintaining employment and causes them to utilize many more health services than other veterans. Yet, because of the nonservice-connected nature of their injuries, they are forced to bare the burden of copayments, which many of them are ill-equipped to pay. This bill will eliminate the injustice by prohibiting the VA from collecting copayments from this particularly vulnerable population of veterans.

The bill also addresses VA's ability to provide counseling, training, or mental health services to family members of veterans who are seeking treatment for nonservice-connected disabilities. Currently, VA is unable to provide these essential family support services unless the veteran is an inpatient and these services are needed for his or her discharge.

The policy is out of date and is a remnant from the days when the VA was primarily an inpatient system. This bill removes those restrictive requirements and will allow the VA to provide those services to families in need. This is particularly important for our newest generation of veterans, many of whom are struggling with PTSD and depression.

Section 4 of this bill addresses an issue that many veterans face on a daily basis. It is a battle against chronic and acute pain. The pain lingers long after the physical wounds of war have healed and affects the quality of life of many veterans. Although the VA has worked on a national pain management strategy, its implementation remains uneven across our system. This bill will require the VA to develop and implement a systemwide policy on pain management. We thank Mr. WALZ from Minnesota for bringing this to us.

The VA is also currently authorized to collect third-party payments from veterans' insurance companies, but due to ineffective procedures, over a billion dollars go uncollected annually. This is money the VA can reuse for providing medical services to veterans. To address this issue, the VA began a demonstration project of a Consolidated Patient Accounting Center in 2005, and has some success in improving revenue collections. In Section 5 of this bill, we require the VA to establish no more than seven other CPACs, (Consolidated Pain Accounting Centers) to enable it to improve its billing performance.

This service, Mr. Speaker, has been outsourced for the last 5 or 6 years on a sole-source contract. I would urge the VA right now, on the floor, I am urging them in letters and, if necessary, legislation, to open that bidding process to a wider variety of contractors, many of whom have systems to save almost a billion and a half dollars per year, that is not collected for the VA. That money would go directly back to the services of our veterans.

The VA is also the largest provider of HIV/AIDS care in the United States, but its policies regarding HIV testing are based on best practices that date back to the 1980s. The CDC revised their HIV testing guidance in 2006. It now recommends that HIV testing be a part of routine clinical care and that separate written consent for HIV screening should no longer be required.

Section 6 of the bill brings the VA care in this area up to current standards of practice and provides VA the flexibility to update their screening standards in the future without congressional intervention.

Every provision of this bill, we believe, will improve the quality of health care of our veterans. It comes to us on a unanimous basis from the Committee on Veterans' Affairs. I urge my colleagues to support it.

I would reserve the balance of my time.

Mr. MORAN of Kansas. I rise in support of H.R. 6445, as amended, the Veterans' Health Care Policy Enhancement Act of 2008, a bill that amends title 38 to the United States Code to prohibit the Secretary of Veterans Affairs from collecting certain copayments from veterans who are catastrophically disabled, and a number of other purposes. H.R. 6445 includes the text of four other bills introduced by Members, both Republican and Democrat, and all provisions have bipartisan support.

Section 2 of the bill would ensure that veterans who have been determined to be catastrophically disabled from nonservice-connected would not be required to pay any copayment for their inpatient, outpatient, and long-term care needs. These veterans, because of their very complex medical needs, depend heavily upon the VA for their health care.

There are currently about 25,000 seriously disabled veterans who would benefit from this provision, and I thank our new colleague, the gentleman from Louisiana, Representative CAZAYOUX, for introducing this bill.

Section 3 of the bill would eliminate an outdated statutory requirement that a veteran being treated for a nonservice-connected condition be hospitalized in order for the VA to provide counseling services to the family members. In today's delivery of health care, this makes no sense. We must ensure that all families, regardless of the nature of the veteran's condition, are eligible for needed and valuable support services that will aid in the treatment of that veteran patient. I want to thank my friend and colleague from the committee, the gentleman from Illinois (Mr. HARE) for bringing this provision forward.

Section 4 of the bill would require the VA to maintain current pain management policy and ensure that the policy is both effective and implemented in a consistent manner throughout the VA health care delivery system. The VA has long recognized the importance of providing early and appropriate care for management of pain.

In 1998, the VA developed a strategy of ''Pain Assessment, the Fifth Vital Sign,'' which established procedures for pain assessment, treatment, and outcomes at all VA clinical settings. The VA further enhanced its efforts in 2003, and issued a new directive establishing the National Pain Management Strategy. This legislation would support those VA efforts. I thank the gentleman, Mr. WALZ, for introducing this measure to ensure the VA maintains a national standard to reduce the suffering of our veterans experiencing acute and chronic pain associated with a wide range of illnesses.

Section 5 of the bill would improve effectiveness of the VA's process for securing reimbursements from third-party insurance companies. This measure was introduced by our ranking member, the gentleman from Indiana (Mr. BUYER). Mr. BUYER has long been at the forefront of this issue. Every dollar that goes uncollected is one less additional dollar that can be used to enhance the care of our veterans.

The Government Accounting Office has consistently reported the VA's processes and procedures for billing and collecting third-party payments are ineffective and limit the revenue received from those third-party payers. However, in the latest GAO report, June of 2008, the GAO found that the Mid-Atlantic Consolidated Patient Accounting Center, CPAC, achieved better billing performances and reduced billing time, leading to improved collections. The GAO also noted the VA may be leaving over $1.4 billion in uncollected care.

In 2005, the VA created the Mid-Atlantic CPAC in Asheville, North Carolina, to maximize its collections by using a private sector model tailored to VA billing and collection needs. Last Congress, we directed the VA to establish a Revenue Demonstration Project to improve its collections and develop a systemwide model to improve its performance. In fiscal year 2007, CPAC achieved 110 percent of its expected collections, a $20.3 million increase from its performance in the previous fiscal year.

Approximately $12 million for the fiscal year 2007 in additional collections was generated as a result of the Revenue Improvement Demonstration Project. Expanding this project will

continue to improve the VA's collections. Mr. BUYER's measure would require VA to establish no more than seven CPACs within 5 years, modeled after the successful Asheville, North Carolina project.

Improving collections is a win-win for our Nation's veterans, and I want to commend the ranking member for his continued work in this regard.

Finally, Section 6 of the bill would repeal outdated statutory language that requires the VA to provide separate written informed consent for HIV testing, as well as pre-and post-test counseling. Since the requirements were codified almost 20 years ago, there is a better understanding of HIV and its transmission.

The administration in its FY 2009 budget proposal requested this change in law so that veteran patients receive the same standard of HIV care that is recommended by the Centers for Disease Control and Prevention.

Ensuring veterans receive the best care possible requires effective use of VA authorities and resources for the provision of that medical care. I urge my colleagues to support the Veterans' Health Care Policy Enhancement Act.

I now reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I would yield 3 minutes to a new Member from Illinois, but has been very aggressive, coming from the district which give us Lane Evans, former ranking member of the Veterans' Committee, and has been a leader in the search for better mental health care for our veterans.

Mr. HARE. Thank you, Mr. Chairman. I thank you for those kind words.

Mr. Speaker, I rise today in strong support of H.R. 6445, to prohibit the collection of certain copayments from veterans who are catastrophically disabled. I want to commend Representative DON CAZAYOUX of Louisiana for introducing this measure. This bill also includes legislation that I authored, H.R. 6439, the Mental Health for Heroes' Families Act.

Current law allows the VA to provide support services to immediate family members of veterans being treated for service-connected conditions. However, with respect to other veterans, the VA may only provide the services when they are initiated during a period of hospitalization, greatly limiting veterans and their families' access to care.

While not changing the rule that such services must be deemed necessary for the veteran's treatment, my bill simply repeals the precondition that a veteran must be hospitalized before initiating family services.

The VA has begun to transform the delivery of mental health care from an inpatient-based model to an outpatient model, which has improved efficiency and increased veterans' access to care. However, as a result, some families have become ineligible for support services simply because their loved one's care was provided on an outpatient basis. As long as family support services are necessary in connection with the veteran's treatment, it should be irrelevant whether the disability under treatment is service-connected or provided in a hospital.

This bill would make a meaningful difference in the lives of millions of men and women, and I am pleased it is being considered as part of H.R. 6445. I urge all of my colleagues to support Mr. CAZAYOUX's legislation to ensure that our veterans and their families receive the care and support they need.

Once again, I want to thank the chairman of our committee, Chairman FILNER, and Ranking Member BUYER.

Mr. MORAN of Kansas. Mr. Speaker, I reserve the balance of my time.

Mr. FILNER. I yield 3 minutes to the gentleman from Minnesota (Mr. WALZ), the highest ranking enlisted Member ever elected to the United States Congress, Command Sergeant Major WALZ, who I am tempted to say gave us part of this legislation on pain. You've been a great pain, Mr. WALZ, but we love you on our committee.

□ 1700

Mr. WALZ of Minnesota. Thank you to the chairman, the gentleman from California (Mr. FILNER) and thank you to Ranking Member MORAN who is here today.

I rise in strong support of H.R. 6445, but I rise proudly amongst this committee of what the American people I think would be proud to know, this is one committee where both Republican and Democrats are here for a single purpose, and that is to serve our veterans in the best way possible. So I thank the ranking member and the chairman for doing exactly that.

I rise to speak on the portion of this bill that I introduced as the Veterans Pain Care Act of 2008. I was moved to introduce this bill after listening to countless stories, as many Members have, of problems of chronic and acute pain among our veterans.

The single largest cause of disability claims among veterans is acute pain. It erodes the quality of life, it makes work very difficult, and it does not allow our veterans to get back to the point in their life where their quality of life is as high as it possibly could be.

This bill requires the Secretary of the VA to develop and implement a comprehensive policy of pain management for veterans who are enrolled in the VA health care system, and more importantly, or equally important, is to carry out a program of research, training and education on chronic pain.

By directing the VA to update its pain management policies and in light of experience, research and evolving practices, this bill will lay a foundation for ongoing improvements in pain care management for our veterans. In that way, we can work to fulfill what I believe is an absolute moral obligation to care for these veterans with the most innovative, best practices and pain management possible.

This bill has broad support from a large number of pain care organizations that include patients, providers and numerous veterans service organizations. I thank all of them for their indispensable support and hard work in moving this bipartisan piece of legislation.

I would also like to express deep appreciation for the Veterans' Affairs Committee staff on both the majority side and the minority side for working out this piece of legislation. It truly is a compromise. It truly is a piece of legislation, the entire bill, H.R. 6445, that transcends politics and gets at the heart of what the public wants us to do, come together as Americans to pass good legislation that prioritizes this Nation's veterans at the top and cares for them in a fiscally responsible manner that allows them to return to their daily lives after they have served us. It is the very least our country can do, and I am proud to be associated with it.

Mr. MORAN of Kansas. Mr. Speaker, I yield back the balance of my time.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 6445, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the next bill on our agenda was supposed to be a bill by Mr. MORAN, who is managing the bills today. Due to some bureaucratic delays, we have not been able to put that bill on the floor, but I assure the gentleman from Kansas that we will. He has been a leader in rural health care to veterans. It is a problem that faces many of us all over the country, and we will address these issues that you have raised.

I will yield to the gentleman from Kansas.

Mr. MORAN of Kansas. I appreciate the gentleman from California's comments. I appreciate him yielding me time. I am delighted to hear what he has to say. This is an important piece of legislation that affects many veterans across the country and has the strong support of many Members of Congress. I know we are working to see if we can get it on the suspension calendar tomorrow. I appreciate the gentleman's comments and assurances.

Mr. DOYLE. Mr. Speaker, I rise today in support of H.R. 6445, which will provide important relief to veterans who are catastrophically disabled.

I would like to mention that this bill also contains legislation that I originally introduced as a freestanding bill—H.R. 6114, the Simplifying and Updating National Standards to Encourage Testing of the Human Immunodeficiency Virus Act of 2008—or the SUNSET Act. I introduced this legislation several months ago to modernize the HIV testing policies of the U.S. Department of Veterans Affairs.

The current HIV testing policies used by the VA were mandated in the Veterans Benefits and Services Act of 1988. These policies are now 20 years old, and they fail to reflect everything we've learned about HIV testing and treatment over the last two decades.

Twenty years ago, it took a long time for patients and health care providers to get the results of HIV tests. Today, safe non-invasive tests are available that can provide reliable results in only 20 minutes. Moreover, under the current testing policies, half of all HIV-positive veterans in the VA health care system don't get diagnosed until they've already suffered significant damage to their immune systems. Many of these veterans are already receiving health care services through the VA—diagnosing these veterans earlier would enable the VA to provide them with medical care that could extend their life expectancy and improve their quality of life.

Consequently, I believe that the VA should adopt a more modern policy on HIV/AIDS testing, including the testing of all incoming patients for HIV/AIDS unless a patient specifically opts out.

The VA wants to adopt such policies—while maintaining its counseling and data privacy policies—but since the VA's HIV testing policies are mandated by law, Congress must enact a new law to change them. That's why I introduced the Simplifying and Updating National Standards to Encourage Testing of the Human Immunodeficiency Virus Act of 2008.

This legislation would simply repeal the section of the 1988 law that set out the HIV testing policy the VA must use. This would allow the VA to adopt up-to-date policies that would improve the health care provided to veterans with HIV/AIDS.

I want to thank my friends and former colleagues on the Veterans Committee, Chairman FILNER and Chairman MICHAUD, for supporting the SUNSET Act and moving it expeditiously through the Committee. I'm also grateful to my friend Representative CAZAYOUX for his eagerness to include this provision in his bill. H.R. 6445 deserves our consideration and swift enactment into law with or without the SUNSET Act, but this bill, which includes the SUNSET Act as well, will do even more to help some of our most afflicted veterans.

I urge my colleagues to support this important legislation.

Mr. CAZAYOUX. Mr. Speaker, I rise today in support of H.R. 6445. I'd like to thank the members of the Veterans' Affairs committee—especially Chairman FILNER, Ranking Member BUYER, Subcommittee Chairman MICHAUD, and Ranking Member MILLER—for not only supporting my legislation, but also for adding provisions that go even further in improving health care for our veterans.

My original legislation prohibits the VA from collecting co-payments for hospital and nursing home care from veterans who are catastrophically disabled. This provision aims to ease the burden on veterans who have a permanent, severely disabling injury, disorder, or disease that compromises their ability to carry out the activities of daily living. Currently, those veterans must make co-payments for non-service related injuries at VA facilities. This includes veterans who suffer with, among other things, spinal cord injuries, stroke, diseases such as Parkinson's and ALS, and multiple amputees.

As you could imagine, these disabled veterans are oftentimes some of the poorest of the poor and cannot afford adequate health care, much less the enormous cost that these burdens place on them and their families. This bill hopes to change that and make a positive impact on the 25,000 veterans with catastrophic disability that receive care through VA.

H.R. 6445 incorporates other meaningful provisions authored by some of my colleagues on the committee. It contains a provision that expands the authority of the Secretary of Veterans Affairs to provide counseling for families of veterans receiving non-connected treatment. It directs the VA to develop and implement a comprehensive policy on the management of pain experienced by veterans receiving VA care. It improves billing and accounting procedures at the Veterans Administration by regionalizing the process. Finally, this legislation makes it easier for veterans to get HIV testing if they choose.

Mr. Speaker, we have no greater duty as Members of Congress than to take care of those who have sacrificed life and limb in service to their country. We need to instill faith in the public that when we ask you to serve we will take care of you when you return.

This often repeated quote from George Washington still rings true today: "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation." This legislation helps us fulfill this most sacred duty.

I again thank my colleagues for their excellent contributions to this legislation, and I ask my colleagues in the House to pass this bill without delay.

Mr. MICHAUD. Mr. Speaker, I rise today in support of H.R. 6445, the Veterans Health Care Policy Enhancement Act. I would like to thank Mr. CAZAYOUX for this progressive piece of legislation, and Representatives DOYLE, WALZ, BUYER and HARE for their significant contributions. Thank you also Chairman FILNER and Ranking Member BUYER for your support of this measure. Finally, I would like to acknowledge the great effort of the House Veterans' Affairs Committee staff in compiling this bill and achieving it's strong bi-partisan nature.

Over the past few decades, VA has transformed the way it delivers care to our veterans. This transformation has significantly increased their efficiency, increased veterans' access to care, and aligned the VA with the health care industry at large.

Unfortunately, certain policies that are relics of the previous era of health care delivery remain. This bill will modernize VA policies regarding copayments for nonservice-connected, catastrophically disabled, Category Group 4 veterans; pain care; counseling services for family members; and HIV testing. Additionally, this legislation enhances the VA's ability to collect third party payments.

Currently, there are approximately 25,000 non-service connected catastrophically disabled veterans enrolled in Priority Group 4. These veterans have a permanent, severely disabling injury, disorder, or disease that compromises their ability to carry out many activities of daily living.

The very nature and severity of their disabilities precludes them from employment. Yet current VA policy requires these veterans to pay copayments for their care.

Section 2 of this bill prohibits VA from collecting copayments from these vulnerable veterans.

Another legacy policy of the VA states that families of veterans being treated for non-service connected disabilities are only eligible for family support services, such as counseling, training or mental health services, if they are necessary for the veteran's treatment and they are initiated during the veteran's hospitalization and they are essential for the discharge of the veteran from the hospital.

Since the VA has transformed to a predominantly outpatient-based system, this policy is no longer effective.

Section 3 of this bill removes these restrictions on the provision of family support services. This is essential for our newest generation of veterans and their families.

Veterans suffer from acute and chronic pain in proportions far exceeding the general population. In fact, pain is the leading cause of disability among veterans.

To address the issue, the VA developed a "National Pain Management Strategy" and issued a directive to make pain management a national priority. However, this directive expired May 31, 2008 and reports from the field suggest that implementation has been far from consistent.

Section 4 of this bill mandates that the VA develop and implement a comprehensive policy on the management of pain experienced by veterans. It requires the VA to develop the policy in consultation with veterans service organizations and other7137 organizations with expertise in the assessment, diagnosis, treatment, and management of pain.

Current law authorizes the VA to bill veterans' insurance companies (third-party collections) for non-service connected care provided to veterans enrolled in the VA health care system. A June 2008 report from the Government Accountability Office (GAO) estimated that $1.2 to $1.4 billion dollars go uncollected annually by VA due to improper coding, delays in billing, and collections follow-up.

In 2005, VA created the Mid-Atlantic Consolidated Patient Accounting Center (CPAC) in Asheville, North Carolina which has been tremendously successful.

Section 5 of this bill would require the VA establish no more than seven other CPACs to help maximize its collections by using industry best-practices to improve timely and accurate billing and enhance collections.

The VA is the largest, single provider of HIV/AIDS care in the United States with over 22,800 patients with HIV/AIDS. In 1988, Congress passed legislation that required the VA obtain a veteran's written informed consent before being tested for HIV. This was based on the best practice in 1988.

However, since then our knowledge of HIV/AIDS has increased significantly and treatments have advanced significantly. As a result, in 2006, the CDC revised their recommendations regarding diagnostic HIV testing. CDC now recommends HIV testing be a part of routine clinical care and recommends that separate written consent for HIV screening should no longer be required.

Section 6 of this bill brings VA HIV/AIDS care up to current standards of practice.

All the provisions in this bill are intended to enhance current VA policies to bring them into the 21st century.

The improvements in these policies will have a direct and positive impact on improving the quality of healthcare our veterans receive.

I urge my colleagues to support H.R. 6445.

Mr. BUYER. Mr. Speaker, I rise in support of H.R. 6445, as amended, the Veterans Health Care Policy Enhancement Act of 2008, to amend title 38, United States Code, to make a number of improvements to Department of Veterans Affairs health care policies.

H.R. 6445 is a bipartisan bill that includes provisions from four veterans' health care bills that were introduced by members from both sides of the aisle. I thank our new colleague on the Committee, DON CAZAYOUX, for introducing this bill.

H.R. 6445 would exempt veterans, who have non-service connected catastrophic injuries, from co-payment requirements for treatment at VA facilities. Such veterans require extensive medical care and many have limited financial means. The bill would also require the VA to implement a comprehensive policy on the management of pain experienced by veterans, encourage HIV testing for veterans, and expand the VA's authority to provide counseling for family members of veterans receiving non-service-connected treatment.

I am pleased that this bill also includes the text of H.R. 6366, the Veterans Revenue Enhancement Act of 2008. I, along with MIKE MICHAUD, JEFF MILLER and HENRY BROWN, introduced this bipartisan legislation to help VA better manage third-party collections, and provide additional fiscal responsibility for the department.

The provision would require VA to establish seven Consolidated Patient Accounting Centers (CPACs) modeled after the successful demonstration project in Asheville, NC. The concept of the Consolidated Patient Accounting Center, also known as CPAC, was included as a demonstration project in the Conference Report (House Report 109–95 and Conference Report 109–305) in 2005 accompanying H.R. 2528, requiring the Department of Veterans Affairs (VA) to initiate a revenue improvement demonstration project within 60 days after enactment of the bill (Public Law 109–114). The VA followed the recommendations in the report, and created the Mid-Atlantic Consolidated Patient Accounting Center demonstration project located in Asheville, North Carolina.

The Asheville project proved to be very successful in enhancing revenue by more than $12.5 million in fiscal year 2007 and $6.5 million so far in fiscal year 2008. Building on this success, would enable VA to secure hundreds of millions of dollars that currently go uncollected. These funds could be used to further improve veterans' health care.

I urge my colleagues to support the Veterans' Health Care Policy Enhancement Act of 2008.

Mr. FILNER. Mr. Speaker, I urge my colleagues to support the bill before us, H.R. 6445, as amended, and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 6445, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. MORAN of Kansas. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

ESTABLISHING AN OMBUDSMAN WITHIN THE DEPARTMENT OF VETERANS AFFAIRS

Mr. HARE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2192) to amend title 38, United States Code, to establish an Ombudsman within the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2192

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ESTABLISHMENT OF OFFICE OF THE OMBUDSMAN IN VETERANS HEALTH ADMINISTRATION.

(a) OFFICE OF THE OMBUDSMAN.—

(1) ESTABLISHMENT.—Subchapter I of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 7309. Office of the Ombudsman

''(a) OFFICE; DIRECTORS.—There is established in the Veterans Health Administration an Office of the Ombudsman (in this section referred to as the 'Office'). The Office shall be headed by a Director appointed by the Secretary. The Director shall report directly to the Secretary.

''(b) DUTIES OF OFFICE.—The Office shall—

''(1) be responsible for ensuring—

''(A) all matters referred to the Office are handled in a confidential manner; and

''(B) any action taken by the Administration with respect to such a matter does not negatively affect the ability of any veteran to receive health care or benefits under a law administered by the Secretary; and

''(2) serve as a last resort for complaints and issues that cannot be resolved at a local or regional level in the Administration.

''(c) DUTIES OF DIRECTOR.—The Director shall—

''(1) be responsible for overseeing the efforts of patient advocates in the Administration;

''(2) develop and make available to local offices of the Administration tools for monitoring the work of such patient advocates and standards to evaluate the work of such patient advocates;

''(3) determine trends, in terms of numbers, topics, and facility locations, in patient issues and complaints;

''(4) participate in such national quality conferences of the Administration as the Under Secretary for Health may designate;

''(5) help coordinate assistance for veterans who need assistance from the Administration in more than one region of the Administration; and

''(6) maintain a public Web site with links to contact information for each patient advocate at each medical center of the Department.

''(d) REGIONAL ADMINISTRATORS.—The Director shall appoint three regional administrators to support facilities of the Administration and veterans integrated service networks in their patient advocacy work, to identify best practices for patient advocacy work and inform such facilities and networks of such best practices, and to receive and refer to the board established under subsection (e) appeals from veterans in their respective regions who are not satisfied with the efforts of their local medical center of the Department and veteran integrated service network.

''(e) BOARD.—The Director shall establish a board composed of the Director and the three regional administrators appointed under subsection (d) to hear appeals referred to the board by a regional administrator under subsection (d) and issue a letter explaining the board's decision regarding such appeal and outlining possible steps for resolving issues raised in such appeal.

''(f) LIMITATION ON STATUTORY CONSTRUCTION.—Nothing in this section shall be construed as affecting the authority and responsibility of coordinators of patient advocates for severely injured veterans of Operation of Enduring Freedom and severely injured veterans of Operation Iraqi Freedom.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7308 the following new item:

''7309. Office of the Ombudsman.''.

(b) DEADLINE FOR DESIGNATION OF OMBUDSMAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall designate an individual to serve as the Ombudsman of the Veterans Health Administration under section 7309 of title 38, United States Code, as added by subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. HARE) and the gentleman from Kansas (Mr. MORAN) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

Mr. HARE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am glad my colleagues and I on both sides of the aisle were able to work together to craft this important piece of legislation. I would like to thank the Subcommittee on Health Chairman, MIKE MICHAUD of Maine, and Ranking Member JEFF MILLER for the bipartisan leadership they demonstrated in working on this important bill.

Over 30,000 servicemembers have been wounded in Operation Enduring Freedom and Iraqi Freedom. Many of these servicemembers suffer from multiple serious injuries that will require long-term care, spanning beyond their discharge and into the care they receive from the VA.

In 2007, reports from the Independent Review Group, the President's Task Force on Returning Global War on Terror Heroes, and the President's Commission on Care for America's Returning Wounded Warriors, all highlighted the need to improve case management for servicemembers and veterans in the military health system and in the VA. In response, the VA instituted a number of initiatives to support veterans and their families. These measures include appointing patient advocates in every medical center for OEF and OIF coordinators and transition patient advocates for those seriously injured in combat.

The Joint Federal Recovery Coordinator Program was also established to serve as a single point of contact for seriously wounded and ill servicemembers, veterans and their families. However, the scope of the FRCP is very